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APPLICANTS
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**** CONTINUING DATA ******* *None sub*

**** FOREIGN APPLICATIONS ******* *None sub*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/18/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Signature</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5
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ADDRESS
21171

TITLE
Prepaid personal advisory service for cellular networks

FILING FEE RECEIVED 1124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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